Why do People Choose not to Access Low Vision Rehabilitation Services?

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INTRODUCTION

Low Vision Rehabilitation has been shown to effectively improve the ability to cope with vision loss. Affected individuals can regain visual function, mobility skills as well as improve their psychological adjustment. However, in the Province of Quebec, it is estimated that only 20% of eligible clients actually access rehabilitation (Groset & Baumgarten, 2002). The present investigation aimed to determine how people who refuse to access Low Vision Rehabilitation differ from those who avail themselves of these services, and to document their opinions.

METHOD

This project was conducted as part of the Montreal Barriers Study and its infrastructure database. This Mixed-Methods Approach combined quantitative and qualitative methodologies within one study/sample.

For the quantitative component, questionnaire and demographic data were compared, using Analysis of Variance. For the qualitative component, 4 focus groups were conducted in the Fall of 2007, with a total of 14 individuals (age 38-92).

Quantitative Analysis

![Statistical significance graphs showing differences in factors affecting rehabilitation utilization.]

Mean comparisons of participants:
- Heard about rehabilitation and utilized it (n = 257)
- Heard about rehabilitation and chose NOT to utilize it (n = 61)

Quantitative Analysis

Only ONE statistically significant difference: VF-14: (5312) = 5.12, p < .001, eta squared = .08

Qualitative Analysis

The goal was to explore the range of psychological and psychosocial barriers to Low Vision Rehabilitation access. The focus was on individuals who chose to utilize or consciously declined the services.

Stigma Associated with Vision Loss

Reluctance to disclose vision loss
Stella: I couldn’t go to my sporting club any more, mostly because I didn’t want the pity of the people that I knew, and I didn’t want them to be saying “the poor lady. the poor woman”.

Delays in “Coming to terms” with vision loss
Laura: Two years ago at Rosh Hashanah, I am going to make my order for the holidays... And there was going up and down the aisles and I was getting more and more frustrated and I was breaking out in a sweat because [...] 90% of the time the stuff that you need is either way up there or way down there. And it took me about an hour and a half to pack maybe 10 objects. I said “I am not doing it.” [...] I left my cart. And as I was ready to leave [...] and I said to myself “Put your pride in your pocket and go over and speak to the manager.” And I did. And I told him how I liked the store... and he said “I want you to know that when you come in here and you are having a difficult time, you just come to the front desk and I will send someone to help you pick your products.” and he gave me somebody to go with me to finish up the rest of my order... and now I don’t hide it. I tell everybody that I’m visually impaired and you’d be surprised what good help it is.

Identity Transformation

One is more likely to be acknowledged and disclose vision loss to others if they have incorporated this “difference” into their self-identity. This point is perhaps best expressed in a poem that Natasha shared entitled In my eyes only: “Coming to terms”

In my attempt to feel assimilated, and not stand out as being different from others (visually impaired) I was responsible for my feeling differently by not acknowledging my disability to others. I was responsible for this feeling (feeling different from others) by not accepting the invisible part of me, the disabled me - the true me, the me I kept hidden for no one else to see.

Conclusions

Based on the quantitative findings, individuals who consciously chose not to utilize Low Vision Rehabilitation Services do not seem to differ on any demographic or psychological variables from patients who chose to undergo rehabilitation, other than their level of perceived visual functioning. Clients at rehabilitation agencies generally reported lower scores on the VF-14. We speculate that their decreased vision prompted them to seek assistance. Based on the qualitative findings, individuals with adult-onset vision impairment are reluctant to acknowledge their vision difficulties and conceal them in order to avoid the association with a stigmatized social identity. At the point where their impairment no longer allows them to function, this strategy is abandoned – at which time they seek help in the form of rehabilitation services.